

REGISTRATION/CONTACT CARD

Name of Child _____ Age _____

Address _____

Phone _____ School _____

Emergency Contact _____ Relation _____

Address _____

Phone _____ Email _____

Does your child have any severe allergies (bee stings, food, penicillin, other drugs)? YES ____ NO ____

If yes, please explain: _____

Does your child have any life-threatening allergies? YES ____ NO ____

If yes, please explain: _____

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of? YES ____ NO ____

If yes, please explain: _____

Photo/Video Release:

☐ I give permission for The Church of God to photograph and/or video my child during church-related activities. I understand these images may be used for church-related publications, presentations, and online platforms such as the church website and social media. (Note: Your child's safety and privacy are extremely important to us. Images will never be used in a way that is inappropriate, misleading, or exploitative. We will not include children's names with photos shared publicly.

☐ I do not give permission for The Church of God to photograph and/or video my child for any purpose.

Parent's/Guardian's Signature

Date
